

Report Year:

2010

12482

California Pacific Medical Center-Pacific  
Campus

San Francisco

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

Facility Number:

12482

Facility Name:

California Pacific Medical Center-Pacific Campus

Address:

2333 Buchanan Street

City:

San Francisco

Hospital Owner/Licensee:

Sutter West Bay Region

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Carl Scheuerman

Submission Date:

1/28/2011 9:40:15 AM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital	2333 Buchanan Street	Replace	SPC5	01/01/2015	12/15/2015

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For each building which is planned for retrofitting or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:

01

Main Hospital

Retrofit/Replacement  
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885	0	PPR - NEW ACUTE CARE HOSPITAL	06/11/2008		07/01/2011		OPEN	No
18165	IS080885	0	PPR - NEW ACUTE CARE HOSPITAL	06/11/2008		07/01/2011	12/15/2015	OPEN	Yes

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Main Hospital

**Type of Service Provided**
☒ Nursing Inpatient Beds 259 Inpatient Days 29844

☒ IntensiveCare Inpatient Beds 36 Inpatient Days 4460

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric  
Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate  
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 295

☒ Surgical ☐ Obstetrical  
Recovery

☒ Anesthesia ☐ Newborn/  
WellBaby

☒ Clinical Lab ☒ Emergency

☒ Radiological/  
Imaging ☒ Nuclear  
Medicine

☒ Pharmaceutical

☒ Dietetic ☒ Rehabilitation  
Therapy

☒ Administration ☒ Renal Dialysis

☒ Support  
Services ☐ Outpatient  
Surgery

☐ Obstetrical  
Cesarean/Deliv ☒ Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Main Hospital

**Medical / Surgical (Include GYN)**Inpatient  
Bed 259Inpatient  
Days 2984  
4**Acute Respiratory Care**Inpatient  
Bed 0Inpatient  
Days 0**Acute Psychiatric**Inpatient  
Bed 0Inpatient  
Days 0**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed 0Inpatient  
Days 0**Burn**Inpatient  
Bed 0Inpatient  
Days 0**Skilled Nursing**Inpatient  
Bed 0Inpatient  
Days 0**Pediatric**Inpatient  
Bed 0Inpatient  
Days 0**intensive Care Newborn  
Nursery**Inpatient  
Bed 0Inpatient  
Days 0**Intermediate Card**Inpatient  
Bed 0Inpatient  
Days 0**Intensive Care**Inpatient  
Bed 29Inpatient  
Days 3648**Rehabilitation  
Center**Inpatient  
Bed 0Inpatient  
Days 0**Int. Care / development  
Disabled**Inpatient  
Bed 0Inpatient  
Days 0**Coronary Care**Inpatient  
Bed 7Inpatient  
Days 812**Chemical  
Dependency**Inpatient  
Bed 0Inpatient  
Days 0**Total Beds this  
Building Per  
Unit**

295

**Total Beds this  
Building Per  
Service**

295

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building  
Number

Building  
Name

Building to  
be Removed

01

Main Hospital

☐

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List ALL proposed new buildings to be constructd at this or another site.

Building  
Number

Building Name

New  
Site

N\_1

New Hospital

X

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#)

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#)

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\)\(C\)](#)

Building Number:

01

Main Hospital

Removal  
Date:

12/15/2015

Planned Uses for the building to be removed from acute care service:

Planned use for building:

Clinic

Jurisdiction:

Local Authority

Inpatient services currently delivered in the building:

☒

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☒Rehabilitation  
Therapy☒

IntensiveCare

☒

Anesthesia

☐Obstetrical  
Recovery☒

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☒

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☒

Pharmaceutical

☒Nuclear  
Medicine☒Support  
Services☐Intermediate  
Care☒

Dietetic

☐

Skilled Nursing

☒

Administration



Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Main Hospital

## Type of Service Provided

☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒Radiological/  
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☒

Emergency

☒Nuclear  
Medicine☒Rehabilitation  
Therapy☒

Renal Dialysis

☐Outpatient  
Surgery☒

Central Plant

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Main Hospital

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☒

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☒Rehabilitation  
Therapy☒

IntensiveCare

☒

Anesthesia

☐Obstetrical  
Recovery☒

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☒

Pharmaceutical

☒

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postpartum☒

Dietetic

☒

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☒

Administration

☐

Skilled Nursing